

**Cambridgeshire County Council.**

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**EDUCATION COMMITTEE.**

---

**EIGHTH ANNUAL REPORT**

OF THE

**SCHOOL MEDICAL OFFICER**

FOR THE YEAR ENDING 31st DECEMBER, 1916.

*Cambridge:*

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## Introduction.

At the end of 1916 there were 137 schools under the control of the Cambridgeshire Education Committee, 45 Provided and 92 Non-Provided, comprising 145 separate departments. The average number of children on the school registers was 12,217, the average number in attendance being 11,128, or 91.8 per cent.

## Organisation of Inspection.

During the year the Assistant School Medical Officer, Dr. Jessie H. Gellatly, was released for military hospital duty in the Mediterranean for the period of the War, and her duties have since been undertaken as far as practicable by the School Medical Officer.

The Acting Tuberculosis Officer, Dr. P. C. Varrier Jones, and the School Dentist, Mr. J. C. G. Evered, have continued their special duties throughout the year. Miss Bills, Acting Superintendent of the County Nursing Association, has taken over the superintendence of the work of the School Nursing Staff under medical direction, and Miss Cudworth, the Acting Enquiry Officer under the Mental Deficiency Act, has given assistance in connection with mentally defective children.

The Teachers have, as formerly, given valuable assistance, and much help has also been afforded by the School Attendance Officers.

## Extent and Scope of Medical Inspection.

Routine Medical Inspection continued until August, but has been temporarily suspended since that date owing to Dr. Gellatly's absence on Military Service. The Board of Education require that arrangements for medical treatment shall continue, provision being made for reinspection of children known to be in need of treatment and for examination of children presenting defects.

In accordance with the advice of the Board the School Medical Officer has therefore visited schools for reinspection of children ascertained at previous visits to be in need of treatment, and for the inspection of other children selected by the Teachers or School Nurses as appearing in need of medical examination.

The central School Nursing Staff have visited the schools as they come due for routine inspection, and have carried out a preliminary examination of eyesight and cleanliness of children in the code groups prescribed by the Board, noting also any indications suggestive of other defects. From their reports the School Medical Officer has selected those children who appeared to require his own personal investigation at a subsequent visit. The children selected in this way are included in the "special" group in Table I. and not in the code groups.

**Ages Selected for Routine Inspection.** Children selected fell within the three code groups prescribed by the Board, viz., (a) Entrants, (b) Children aged 8 and 9, and (c) Leavers, aged between 12 and 13.

Details as to the numbers inspected at separate ages are given in Table I., but for convenience may be summarised as follows :—

Code groups for Routine Inspection :

(a) Entrants	...	...	...	...	...	799
(b) Intermediate Group (8 years)	...	...	...	...	...	862
(c) Leavers	...	...	...	...	...	660
					Total	2321
Absentees	...	...	...	...	...	157
Refusals	...	...	...	...	...	168

It should be noted (a) that entrants include a small proportion of children at higher ages than infants, (b) that the eight-year group includes children aged 7 and 9, the great majority being slightly under or over 8, and (c) that leavers include children aged 11 as being nearly 12.

Of the total number of children due for inspection, 6.3 per cent. were definitely withdrawn by the parents, an improvement on 7.4 per cent. of refusals in 1915, and 5.9 per cent. were absent. In some parishes the number of refusals was reduced by special interviews between the School Nurses and the parents, while assistance was given elsewhere by teachers.

The proportion of children whose parents attended routine inspections was 36 per cent.

**Non-Routine Inspections.** These include (a) children specially presented for suspected defects, and (b) children re-inspected because of defects noted at a previous inspection.

Excluding visits paid for special purposes such as enquiry into infectious disease, 159 visits of re-inspection were paid by the Medical Staff to 139 Schools. In addition children were re-inspected during visits of routine inspection. The total number of non-routine examinations of children at all visits were :—

Specially presented	...	...	...	653
Re-Inspected	...	...	...	2454

### Remedial Measures.

The grant made by the Board of Education towards the cost of medical inspection and treatment for the financial year 1916-17 amounts to £980 1s. 10d., as compared with £778 13s. 9d. for the previous year.

The remedial measures undertaken will be considered under two headings—(a) arrangements for ensuring that treatment is provided ("following-up"), and (b) the actual scheme of treatment set up.

### "Following-up."

**Advice to Parents.** The number of formal notices or letters sent to parents directing attention to defects sufficiently serious to call for medical treatment was as follows :—

Routine Inspections	...	...	569
Non-Routine Inspections	...	...	699
Total	...	...	1268

**Re-Inspection.** Visits of re-inspection were paid to schools by the School Medical Staff in order (a) to ascertain whether medical treatment had been provided for notified defects, and if so, with what result, and (b) to re-inspect children previously regarded as requiring to be kept under observation. Figures are given under "Extent and Scope of Medical Inspection."

**School Nurses.** The extended scheme of School Nursing came into operation on January 1st, 1916. The Nurses undertaking the work also carry out home visitation for the County Council under the child welfare and tuberculosis schemes. The child welfare and school nursing schemes were linked up towards the end of the year by extension of the visitation of infants from the end of their first year of life up to their admission to school.

Where a District Nurse exists, and her Association consent, she acts as School Nurse ; elsewhere the Assistant Superintendents of the County Nursing Association do the work. The whole scheme is superintended by the Superintendent of the County Nursing Association under the direction of the School Medical Officer.

The scope of the work is indicated by the following figures :—

VISITS TO SCHOOLS.

Attendance at Routine Inspections	...	...	...	149
Vermous ...	...	...	...	94
Other purposes	...	...	...	155
				—
				398

VISITS TO HOMES.

" Following-up " to ensure treatment and cleansing	...	...	3769
Infectious and contagious disease	...	...	286
Other purposes	...	...	448
			—
			4503

During routine medical inspection general assistance has been given by the School Nurses in the conduct of the inspection. Since the temporary suspension of this branch of the work the central nursing staff have continued to visit schools due for routine inspection, and have undertaken examination of children in the code groups in order to detect those with defective sight, verminous children, and those presenting other defects, for inspection by the School Medical Officer. Schools have also been visited for examination of children reported to be verminous, and in some cases the whole school has been examined.

The great majority of the home visits have been paid with the object of inducing the parents to obtain medical treatment for the children, and of assisting them to deal with minor ailments. Supervision of children whose condition suggests lack of proper parental care or insufficient or improper feeding has also been included.

Important service has been rendered by the Nurses in investigation of the notified absence from school of children alleged to be suffering from certain infectious and contagious diseases, no doctor being in

attendance. The reports enable the School Medical Officer to advise as to necessary administrative action for prevention of spread of infection, and are helpful also from the School Attendance point of view.

The School Nurses have been very helpful in interviewing parents who have refused to submit their children to medical inspection or for dental treatment, and have succeeded in securing withdrawal of objection in many instances. The cost of the school nursing scheme for the year was £175.

**Remedy of Verminous Conditions.** As stated in the foregoing paragraphs, the School Nurses have systematically followed up verminous children in their homes. Since the temporary suspension of routine medical inspection they have for detection of verminous conditions examined 905 children due for routine inspection in 28 School Departments, and any specially brought to their notice by the Teachers. This part of the work has been undertaken by the Central Nursing Staff, the District Nurses following the children up in their homes in parishes where there is a District Nursing Association. Elsewhere the following up has been done by the County Nursing Staff. The time appears to have arrived when the systematic examination in schools could with advantage be extended to all children in attendance as desired by the Board. The School Attendance Sub-Committee have resolved to recommend that this procedure be adopted.

The total number of cleansing notices sent to parents of verminous children was 538 including children reported by School Nurses as well as Medical Staff. Children excluded from school owing to their extremely verminous condition numbered 38, belonging to 26 families; they have been subsequently reported upon by the School Nurses. One prosecution under school attendance bye-laws was instituted in January, 1917, with regard to a child excluded in 1916, a fine of 2/6 being inflicted.

The proportion of children found to have verminous heads shows a fair degree of improvement during the past three years. The following percentages include children with a very small number of nits as well as those more grossly infected:—

		Boys.	Girls.	Total.
1914	...	6.9	22.1	14.3
1915	...	3.9	18.9	11.3
1916	...	4.5	13.8	9.1

The following percentages of children with dirty or flea-bitten bodies are less satisfactory:—

		Boys.	Girls.	Total.
1914	...	11.0	7.8	9.3
1915	...	11.8	9.2	10.5
1916	...	11.8	8.4	10.1

In addition 6 children, *i.e.*, 1 in 400, were found to be harbouring body lice.

**Other General Conditions.** These include nutrition, home conditions and clothing.

**Nutrition.** The following percentages of children showing varying degrees of nutrition are of interest :—

	1914.	1915.	1916.
Excellent ...	7.0	14.2	18.6
Normal ...	73.5	69.5	68.7
Below Normal ...	18.4	15.0	11.6
Very Bad ...	1.0	1.3	1.0

Assuming that the standard of estimation was the same, and this should be the case as the observers were the same, it would appear that during the war the nutrition of elementary school children in the rural districts has improved. The proportion of children of more than average nutrition has increased, while the proportion of those whose nutrition is below the average has decreased. There is therefore no evidence of starvation among the rural population, but rather the reverse. There is no evidence to show the influence of separation allowances.

**Clothing and Home Conditions.** The number of children in the Code groups noted by the Teachers to be living under very unsatisfactory home conditions was 44, equivalent to 1.9 per cent., practically identical with the estimate for 1915 (2.1 per cent.).

The reports of the Teachers also indicated that 89.6 per cent. of the children were well clothed, and 10.4 per cent. indifferently or badly. As regards footgear, 92.8 per cent. were recorded as well shod, while 7.2 per cent. were unsatisfactory in this respect.

## Treatment.

During the year the provision made for treatment by the Education Committee has continued as in 1915, except that towards the end of the year some change in the centres for examination of children with defective vision was necessitated by Dr. Gellatly's absence on War Service. The arrangements may be summarised as follows :—

- Contribution to Hospital for treatment of diseases of nose and throat, ringworm etc.
- Travelling dental clinic
- Clinics for defective vision
- Provision of spectacles
- Assistance in travelling expenses

During the year the Education Committee resolved to include Poor Law Children in their scheme of treatment, cases involving special expenditure to be submitted to the Guardians for their approval.

Table II. appended to this report is furnished at the request of the Board of Education, and is designed to show the proportion of defects for which treatment has been obtained and the results. Many schools inspected during the second half of 1916 could not be re-inspected during the year, but will be re-inspected during 1917, and the results included in next year's report. It is clear, therefore, that to calculate the percentage of defects treated on the total number of known defects when reports for a considerable proportion of the children are not yet available must result in a serious under-estimate of defects treated. For this reason two sets of figures are given in column 10 of the table, the first

showing the proportion of defects treated, based on the total number of known defects (column 3) and the second showing the proportion of defects treated calculated on the number of children regarding whom this information is actually available. The figures quoted in the following paragraphs are derived from the latter estimate, which seems the one which is statistically sound. They refer to children actually re-inspected by the medical staff during 1916.

*Cleanliness.* Of 289 children re-inspected, 59.5 per cent. are classified as having been cleansed more or less effectually. These figures can only be approximately correct as classification is difficult. Children grouped as "not treated" may actually have received treatment and have relapsed by the time they are re-inspected by the medical staff. The figures given in the section on "remedy of verminous conditions" is a safer guide as to progress, and show a decided improvement during the past three years.

*Nose and Throat.* Enlarged tonsils and adenoids constitute the great majority of these defects. The proportion treated, 42 per cent., is lower than in the previous three years. This may be accounted for by the fact that many mothers decline the responsibility of submitting their children for operative treatment while the fathers are absent on active service.

*Ear Diseases.* In addition to serious conditions such as chronic middle ear disease, these include minor matters such as impacted wax, and this no doubt explains the high proportion of cases treated, viz., 80 per cent.

*Skin Diseases.* These include non-contagious conditions, as well as contagious conditions including ringworm, scabies, and impetigo. It is difficult to estimate how far recovery is the result of treatment, as the information given is often unreliable; but that satisfactory progress has been made with ringworm is shown in a later section on "contagious diseases of the skin."

*Defective Vision and Squint.* Of 213 cases re-inspected, 80.7 per cent. were found to have received treatment. This proportion is lower than that for 1914 and 1915, but higher than that for preceding years.

*Defective Hearing.* The numbers recorded are too small for a reliable estimate. Most of these cases are included under "ear disease," of which the deafness is a symptom.

**Contribution to Hospital.** The subscription of £50 to Addenbrooke's Hospital, Cambridge, was continued, a proportionate number of letters of recommendation being received. The number of recommendations given by the Committee after enquiry was 109, for treatment of the following defects:—

Enlarged Tonsils and Adenoids	...	62
Referred for X-Rays Treatment	...	14
Other conditions	...	36
		—
Total	...	112
		—

The other conditions include:—Disease of Ear 8, Disease of Eye 6, Cutaneous 4, Goitre 3, Circumcision 3, Hernia 3, Dental 3, Diseases of Nervous System 2, Tuberculosis 2, others 2.

**School Clinics.** Under this heading may be included the arrangements made for dental treatment and for treatment of defects of vision. The first is entirely a travelling scheme, and the second partly so, and partly undertaken at fixed centres.

*Dental Treatment.* The scope of the scheme of dental inspection and treatment, which was commenced in October, 1914, was expanded in 1916, so that by the end of the year all children aged from 6 to 10 years came under inspection by the School Dentist. The scope of the work is indicated in the appended report and tables drawn up by the County School Dentist.

The Dentist travels from school to school, and, with few exceptions, carries out all the work on the school premises. In the smaller schools, especially, there are fairly obvious disadvantages attached to this method of procedure. The use of other premises where available sufficiently near to the school seems advisable when treatment is carried out, though probably unnecessary for inspection only. Such an alteration might help to reduce the proportion of refusals of treatment.

During the year 46 per cent. of the children on the school registers were dealt with by the School Dentist. The following figures show the increase in the work on the previous year. They include special cases.

	Number.	Increase on 1915.	Increase per cent.
Children Inspected ...	5645	1366	32
Children Treated ...	1817	277	18
Extractions ... ...	5273	552	12
Fillings ... ...	580	104	22

In spite of the considerable number of refusals of treatment it will be seen that the volume of work done increased very materially. It should be remembered that owing to the War a good many teachers are absent whose influence with the parents would otherwise have been of much assistance. Also in many cases the mothers withhold consent owing to the absence of the father on military service.

Fees paid for treatment amounted approximately to £20 during the year. No charge is made in necessitous cases, but others are asked to pay a sum not exceeding 6d.

*Defective Vision.* Up to August Dr. Gellatly continued her visits to the more outlying parishes for ophthalmoscopic examination of the eyesight of children with defective vision and for prescription of spectacles. Groups of schools were dealt with at centres, the work usually being carried out on school premises. The details of Dr. Gellatly's methods have been given in previous reports.

Work at the centres at Cambridge and Soham has been continued by Dr. Graham and Dr. Cory. Certain parishes have also been allotted to Dr. Palmer working at a new centre at Linton, but as this group of schools has not been re-visited since Dr. Gellatly's departure, this arrangement was practically inoperative during 1916.

The number of cases dealt with during the year under the Committee's scheme was as follows:—

Centre			Recommendations Given.	Children Examined.*
Cambridge	...	...	131	108
Soham	...	...	14	21
Linton	...	...	1	1
Dr. Gellatly's centres		...	88	83
			—	—
			234	213
			—	—

\* Children are not all examined in the year in which the recommendation is given.

Children for whom spectacles have been prescribed have been re-examined at intervals of six months, during visits of re-inspection to the schools, but the intervals will be longer during Dr. Gellatly's absence.

The Committee have continued to pay the whole or part of the cost of spectacles for necessitous children, the sum thus expended during the year amounting approximately to £46, as against £40 in 1915. Financial assistance was also given where necessary to enable children to travel to centres for treatment.

### Exercise of Powers under Special Acts.

**Children Act.** No action was taken under Section 12 for neglect to provide medical treatment. Children were examined by the Medical Staff and School Nurses under the powers conferred by Section 122 for verminous conditions, but any legal proceedings were taken under school attendance bye-laws.

**Acts relating to Defective Children.** Four places are guaranteed by the Committee in the East Anglian Institution for Blind and Deaf Children; other defectives are sent to existing institutions elsewhere. The following table shows the number of children provided for.

### Defective Children in Institutions.

			Mentally Defective.	Epileptic	Deaf	Blind	Physically Defective
Remaining December 31,							
1915	...	...	—	3	2	1	—
Admitted in 1916	...	...	5	—	2	—	1
Discharged in 1916	...	...	—	2	1	1	—
Remaining December 31,							
1916	...	...	5	1	3	—	1

In addition, the admission of one deaf child was postponed in deference to the wishes of the parents for reasons arising out of the War.

The following table shows the action taken during the year on reports presented to the School Attendance Sub-Committee relating to mentally defective children under the Elementary Education (Defective and Epileptic Children) Acts.

	Imbeciles and Idiots.	Feeble Minded.	Total.
Reported to Sub-Committee	9	6	15
Notified under Mental Deficiency Act ...	9	—	9
Suitable for Special School	—	6	6
Approved for Special School	—	4	4
Admitted to Special School	—	5	5

The admissions to Special Schools include one case reported in 1915.

Of the 9 low grade cases notified to the Statutory Committee under the Mental Deficiency Act in 1916, 1 was sent to a Certified Institution, 6 were placed under the supervision of the Voluntary Association for the Care of the Mentally Defective in their homes, while the remaining 2 were left to other public authorities to deal with.

At the request of the Education Committee, the Voluntary Association have undertaken to keep under observation feeble-minded children who for various reasons have not been sent to special schools. The Association will report should urgent circumstances arise which suggest the advisability of urging reception into special schools. As the proposal to provide a special school has been deferred owing to the War, only children in urgent home circumstances are at present sent to Institutions. It should be noted, however, that 15 children notified from 1914 by the Education Committee to the Statutory Committee under the Mental Deficiency Act have been sent to certified institutions, and that the majority of them are there receiving a training in handicraft.

**Education (Provision of Meals) Act, 1914.** No action has been taken by the Committee under this Act, and up to the present no special conditions calling for such a step appear to have been created by the War. The figures given under "Nutrition" in another section suggest that the general physical condition of the children has improved since 1914.

Details were given in last year's report regarding arrangements made voluntarily in certain schools for provision of meals for long distance scholars but are not repeated here, as I am unaware of any new development.

## Detection and Prevention of Spread of Infectious and Contagious Disease.

The principal feature of the year was the widespread prevalence of whooping cough and mumps as ascertained mainly from notifications furnished by Head Teachers, while in the winter months there was much epidemic catarrh or influenza. These three diseases accounted for the majority of the school closures. The total number of closures on the certificate of the School Medical Officer was 50, of which 22 were for whooping cough, 10 for mumps, 9 for epidemic catarrh or influenza, 2 each for diphtheria, scarlet fever and measles, and 3 for other diseases. One of the closures for mumps was extended by the Local Sanitary Authority.

During the year 286 visits have been paid by the School Nurses to the homes of children notified by Head Teachers to be suffering, or suspected to be suffering, from infectious disease or from contagious diseases of the skin. These visits have principally been for enquiry or advice in cases not known to be attended by a doctor.

The special visits paid to schools by the School Medical Staff for investigation into infectious and contagious disease numbered 57, of which 13 were for diphtheria, 6 for scarlet fever, 4 for whooping cough, 23 for contagious disease of the skin, and 9 for other diseases. The special visits for skin diseases included 13 for scabies, 6 for ringworm, and 4 for impetigo.

Swabs taken by the Medical Staff from schools in 13 parishes for bacteriological diagnosis of diphtheria numbered 225, at a cost of £27 10s. od. Twelve of the swabs taken showed evidence of diphtheria. In addition material taken from a considerable number of children was examined microscopically by the medical staff for evidence of ringworm.

**Vaccinated State.** With a view to ascertaining the state of protection of children against small pox, their condition as to vaccination is noted during routine medical inspection. Examination of 2,321 children during 1916 showed that 536, or 22.9 per cent., had no vaccination marks, an increase of nearly 4 per cent. on the figures for 1915. The steady increase from 6.3 per cent. in 1909 in the proportion of unprotected children at all ages is thus maintained. More striking still is the proportion of unvaccinated among the younger children, as many as 43.9 per cent. of those newly admitted to school showing no vaccination scars, against 6.7 per cent. in 1909.

**Contagious Diseases of the Skin.** The number of cases detected during routine medical inspection was 18, made up of ringworm of scalp 2, ringworm of other situations 3, scabies 7, and impetigo 6. Estimated on this basis the proportion of children infected to the total on register would not exceed 8 per 1,000; but this is not an accurate estimate, as some recognised cases would be withdrawn from school attendance.

The following figures show the proportion of children per 1,000 undergoing routine medical inspection who were found to be suffering from contagious skin diseases.

	All Skin diseases.	Contagious Skin diseases.	Ringworm of Scalp.	Ringworm of other situations.
1911	...	...	15.9	8.2
1915	...	...	10.7	1.4
1916	...	...	8.1	0.9

Compared with 1911, the first year for which complete figures are available, a very satisfactory reduction is evident in 1916, except as regards ringworm elsewhere than on the scalp, a type which in an agricultural area is re-introduced by infection from cattle.

The total number of cases of ringworm coming to the knowledge of the medical staff from all sources during 1916 was as follows:—

		Scalp.	Other Situations.	Total
Detected during routine inspection	...	2	3	5
Specially presented	...	12	7	19
Notified by Teachers...	...	11	31*	42
Other sources of information	...	6	1	7
Total	...	31	42*	73

\* Of these 9 were doubtful.

Cases notified by Teachers, which are not under a doctor, are investigated by the School Nurses and followed up by the medical staff if necessary. A leaflet of information and advice as to precautions is supplied. Children suffering from ringworm of other situations than the scalp are excluded from school. Every effort is made to secure X-rays treatment where the scalp is affected; failing this, school attendance is permitted, provided certain precautions detailed in previous reports are observed, but not if the disease is very extensive.

Apart from statistics the experience of the medical staff is convincing as to the great reduction in prevalence of ringworm. The necessity for paying monthly visits to schools to inspect a long list of ringworm children is a thing of the past. In addition to the services of the teaching and public health staff in bringing this about, recognition should be made of the valuable assistance given at Addenbrooke's Hospital by X-rays treatment. I am not aware of any case so treated during the year having shown evidence of relapse. The number of children known to have undergone such treatment in 1916 was 17, for 11 of whom letters of recommendation were given by the Education Committee.

**Tuberculosis.** The following figures relate to children examined at the routine ages for medical inspection:—

		Cases.	per cent.
Lungs, diagnosed	...	1	0.04
„ suspected	...	13	0.55
Bones and Joints	...	—	0.00
Glands (Neck)	...	6	0.25
Other Organs	...	1	0.04
		—	—
		17	0.90
		—	—

These figures do not include absentees under treatment. The following statement of notifications during the year affords a more valuable indication of the prevalence of tuberculosis among children under 16:—

	Under 5	5-14	14-16	Total
Lungs	2	19	1	22
Bones and Joints	1	5	—	6
Glands...	4	9	—	13
Abdomen and Meninges	3	1	—	4
Other Organs...	1	1	—	2
—	—	—	—	—
11	35	1	47	—
—	—	—	—	—

Of these, 6 were notified by the School Medical Staff (4 glands, 2 lungs), 3 by the Tuberculosis Officer (1 glands, 2 lungs), and the remainder by private practitioners.

The School Medical Staff have referred all doubtful cases to the Tuberculosis Officer, who either notifies or arranges with a private practitioner to do so. The Tuberculosis Officer has advised the School Medical Officer as to school attendance in a considerable number of cases, the certificates being revised periodically.

The Education Committee have not sent children to Sanatoria during the year, it having been arranged for the County Council to include them in their general Sanatorium scheme. This came into operation in the beginning of 1917, and several cases have been sent to Sanatoria. No open-air school yet exists, and such an Institution would be an undoubted boon in a scattered rural district ; it would probably need to be residential.

## Miscellaneous.

**Medical Inspection in Secondary Schools.** The number of candidates medically examined for County Minor Scholarships to Secondary Schools was 40, of whom 24 were boys and 16 girls. With one exception all were approved on medical grounds. County Minor scholars were re-inspected also during the year.

**Nursing Scholarships.** One candidate for a Nursing Scholarship under the Higher Education Committee was examined and was approved.

**Other Special Reports** At the request of the School Attendance Sub-Committee 64 reports were presented regarding the fitness for school attendance of 69 children. In addition 27 reports were presented regarding defective children, viz., mentally defective 20, epileptic 3, deaf 2, blind 1, and physically defective 1.

**School Sanitation.** Reports were submitted to the Buildings Sub-Committee by the School Medical Officer regarding Sanitary defects noted in 6 schools—2 Provided and 4 Non-Provided. The defects reported were lighting 1, ventilation 1, heating 1, offices and drainage 3, and general sanitary condition of premises 1. Only very urgent matters have been reported during the period of the War.

FRANK ROBINSON,

*School Medical Officer.*

County Hall,  
Cambridge.

## APPENDIX.

## DENTAL INSPECTION AND TREATMENT.

Third Annual Report by Mr. J. C. G. Evered, L.D.S. (Edin.), County School Dentist.

During 1916 children aged 6 to 9 years were dealt with, and in the latter part of the year those aged 6 to 10 years.

The nature of the work done is shown in the statistical tables 3, 4 and 5 appended to the School Medical Officer's report. From these it will be seen that of 5,190 children undergoing routine inspection, 2,260, or 43.5 per cent., required no treatment, while 2,930, or 56.5 per cent., did require it, being 4.3 per cent. lower than last year. Of those requiring treatment 49.1 per cent. received it, the parents refusing treatment for the remaining 50.9 per cent. The number of temporary and permanent teeth extracted was 4,066 and 161 respectively; the number of fillings done was 540. Of the total number of children inspected, 2,380 or 49.1 per cent. were found to have clean mouths, while pus was noted to be present in the mouths of 2,466 or 50.9 per cent.

Children to the number of 455 were treated as special cases, being over the routine age, and coming forward voluntarily. For these children the number of temporary and permanent teeth extracted was 591 and 355 respectively, the number of fillings being 40.

From enquiries made from teachers there seem to be several factors which cause refusal of treatment, including ill-health, nervousness, bad weather, and parents giving in to their children. What may be termed "the obstinacy of ignorance" is, I am afraid, the greatest factor. While in some parishes the influence of the teachers has been of much assistance in combating refusals, in others the best results have been obtained by getting the School Nurse to visit the parents, who seem more willing to take advice from a stranger than from one whom they know well.

In the early part of last year the Committee granted me a motor bicycle and side-car for travelling and conveying my instruments about the County. This has proved a great convenience, and has saved much time.

I must again record my thanks to the teachers and assistants for the very cordial and valuable help they have again given me in my work.

J. C. G. EVERED.

## MEDICAL INSPECTION.

TABLE I. Number of Children Inspected 1st January, 1916, to 31st December, 1916.

## A. CODE GROUPS.

Age	Entrants.					Leavers.					Grand Total
	3	4	5	6	Other Ages	Total	8	12	13	14	
Boys .....	73	123	143	53	34	426	449	262	16	—	304
Girls .....	43	106	142	46	36	373	413	282	30	2	356
Totals ...	116	229	285	99	70	799	862	544	46	2	660
											2321

NOTES. Entrants. "Other Ages" = 10 years and doubtful ages.  
 Intermediate. Includes 7 and 9 years.  
 Leavers. "Other Ages" = 11 years.

## B. GROUPS OTHER THAN CODE.

	Intermediate Group (other than 8 years)	Special Cases		Re-examinations
		Boys .....	Girls .....	
	—	270	383	1026
	—	653	—	1428
				2454

TABLE II. Treatment of Defects of Children during 1916.

Condition.	No. of defects found for which Treatment was considered necessary.			No. of defects for which no report is available.			Results of Treatment.			No. of defects not treated.		Percentage of defects treated	
	From previous year.	New.	Total.	4	5	6	Remedied.	Improved.	Unchanged.	8	9		
	1	2	3				7	8				10	(a)*
Clothing ...	...	...	5	4	9	3	—	—	—	—	5	—	—
Footgear...	...	...	—	—	—	—	—	—	—	—	—	—	—
Cleanliness of Head	...	...	301	330	631	289	172	47	—	—	117	27.2	59.5
Cleanliness of Body	...	...	17	8	25	13	8	4	—	—	3	32.0	72.7
Nutrition ...	...	...	15	9	24	10	9	1	7	1	4	37.5	69.2
Nose and Throat	...	...	206	182	388	166	73	56	7	10	101	19.0	42.0
External Eye Disease	...	...	25	30	55	25	20	7	7	6	3	36.4	86.9
Ear Disease ...	...	...	34	26	60	25	20	11	5	4	5	33.3	80.0
Heart and Circulation...	...	...	2	—	2	2	—	—	—	—	—	—	—
Lungs ...	...	...	1	6	7	3	1	1	—	—	1	—	—
Nervous System ...	...	...	3	6	9	2	3	2	—	—	2	—	—
Skin ...	...	...	49	96	145	62	56	51	5	—	4	38.6	93.3
Rickets ...	...	...	—	—	—	—	—	—	—	—	—	—	—
Deformities ...	...	...	5	5	10	5	—	—	—	—	2	—	—
Tuberculosis—Non-Pulmonary	...	...	1	7	8	2	4	1	—	—	1	—	—
Speech ...	...	...	—	—	—	—	—	—	—	—	—	—	—
Mental Condition ...	...	...	—	—	—	—	—	—	—	—	—	—	—
Vision and Squint	...	...	194	316	510	204	172	79	69	24	41	33.7	80.7
Hearing ...	...	...	5	11	16	4	6	3	2	1	—	—	—
Miscellaneous ...	...	...	28	40	18	27	18	7	6	5	9	26.4	66.6
Total ...	...	...	891	1076	1967	842	562	270	235	57	297	28.5	65.4

\* The percentages in Column 10 (a) are based on the total number of known defects (Column 3); those in Column 10 (b) are calculated on the defects about which reports as to treatment are available.

## Dental Inspection and Treatment.

TABLE III.  
SHOWING TOTALS FOR ALL SCHOOLS.

1. SCHOOLS DEALT WITH :—							
A. Schools inspected and treated		...	...	...	...	132	
B. Schools inspected only		...	...	...	...	9	
C. Total schools visited (A+B)		...	...	...	...	141	
2. CHILDREN DEALT WITH :—							
A. In schools inspected and treated		...	...	...	...	4846	
Required no treatment		...	...	...	...	2116	
Required treatment		...	...	...	...	2730	
Received treatment		...	...	...	...	1362	
Refused treatment ...		...	...	...	...	1368	
Temporary teeth extracted ...		...	...	...	...	4066	
Permanent teeth extracted ...		...	...	...	...	161	
Fillings ...		...	...	...	...	540	
B. In schools inspected only		...	...	...	...	344	
Required no treatment		...	...	...	...	144	
Required treatment		...	...	...	...	200	
C. In total schools visited (A+B)		...	...	...	...	5190	
Required no treatment		...	...	...	...	2260	
Required treatment		...	...	...	...	2930	
D. Special cases ...		...	...	...	...	455	
Temporary teeth extracted ...		...	...	...	...	591	
Permanent teeth extracted ...		...	...	...	...	355	
Fillings ...		...	...	...	...	40	

TABLE IV.

SHOWING ANALYSIS OF CHILDREN INSPECTED IN 1915 AND RE-INSPECTED  
IN 1916.

	No.	Result in 1916.							
		Required no Treatment		Required Treatment		Received Treatment		Refused Treatment	
		No.	%	No.	%	No.	%	No.	%
Required treatment in 1915	1804	593	32.8	1211	67.2	506	41.7	705	58.3
Received .....	878	487	55.4	391	44.6	225	57.6	166	42.4
Refused .....	926	106	11.4	820	88.6	281	34.3	539	65.7
Required no .....	1084	668	61.6	416	38.4	216	51.9	200	48.1
Total re-inspected in 1916	2888	1261	43.6	1627	56.4	722	44.3	905	55.7

TABLE V.  
SHOWING TABLES FOR SEXES AT DIFFERENT AGES.

AGE.	SEX.	Inspected.	Absent from Inspection.	Required no Treatment.	Required Treatment.	Received Treatment.	Refused Treatment.	Temporary Extractions.	Permanent Extractions.	Filings.
6 years	Boys	540	7	197	343	185	158	599	1	27
	Girls	452	9	159	293	156	137	532	2	39
	Both	992	16	356	636	341	295	1131	3	66
7 years	Boys	605	21	262	343	159	184	529	2	44
	Girls	569	18	223	346	168	178	508	11	58
	Both	1174	39	485	689	327	362	1037	13	102
8 years	Boys	593	19	281	312	150	162	457	20	92
	Girls	576	15	240	336	155	181	450	17	63
	Both	1169	34	521	648	305	343	907	37	155
9 years	Boys	614	15	302	312	153	159	444	25	71
	Girls	626	16	290	336	177	159	433	60	116
	Both	1240	31	592	648	330	318	877	85	187
10 years	Boys	135	3	73	62	32	30	71	10	13
	Girls	136	...	89	47	27	20	43	13	17
	Both	271	3	162	109	59	50	114	23	30
Totals 6-10	Boys	2487	55	1115	1372	679	693	2100	58	247
	Girls	2359	58	1001	1358	683	675	1966	103	293
	Both	4846	113	2116	2730	1362	1368	4066	161	540
Special Cases	Boys	175	...	...	175	175	...	267	186	15
	Girls	280	...	...	280	280	...	324	169	25
	Both	455	...	...	455	455	...	591	355	40
Grand Total	Boys	2662	55	1115	1547	754	693	2367	244	262
	Girls	2639	58	1001	1638	963	675	2290	272	318
	Both	5301	113	2116	3185	1717	1368	4657	516	580

